

Training MCH Personnel From Other Nations

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Each year from 30 to 50 graduate professional workers in maternal and child health programs in other countries are chosen by their governments to come to the United States. Their purpose is to learn more about practicing their respective disciplines or to acquire additional academic knowledge which will be useful to them in their own lands.

They usually come under the sponsorship of the State Department, including the Agency for International Development (AID), although they may be referred from the World Health Organization (WHO), the United Nations, or a privately endowed foundation. Responsibility for training these students in the United States is lodged with the Maternal and Child Health Service (MCHS) International Activities Office.

How do we look to them? Although these men and women are mature and experienced, their arrival in the United States may induce temporary cultural shock.

Problems in Adaptation

Some visitors from overseas have not been convinced of what they heard or saw about the United States, whether on television or in magazines. They find our informal behavior quite confusing. Because most of them have been reared in a sheltered environment, they find the high incidence of violent crime appalling. They are disconcerted by the lack of personal service—porters when traveling and the laundresses and maids who are available to them at home.

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Visitors who come from the medical schools in Africa or Asia are baffled because physicians do not automatically receive outward signs of respect. The idea of professors inviting not only discussion but dissent and contradiction may seem startlingly new.

Medical schools in their home countries are still modeled—at least to some degree—along the lines of their European founders. While their mother European universities have changed, the medical schools in the former colonies are close to the traditional methods of 50 years ago.

Most students adjust to the approach, new to them because of limited sources and current materials, of searching for information independently and sharing findings with others, rather than being spoonfed facts. One student said the most valuable thing he learned in the United States was “to be critical. I must now ask questions, and not accept what is there unless it is justified.”

Although all participants are theoretically supposed to have reached certain levels on an English language test, many have difficulty understanding the conversation around them. Comprehension is especially difficult when speech is rapid, col-

loquial, and characterized by regional intonation patterns.

Also the food here is very different, and for rice-eating and vegetarian people, sometimes difficult to obtain, expensive, and monotonous. Oriental restaurants rarely approximate the authentic cuisine and tend to be expensive.

Most of the participants are homesick because families are not usually encouraged to accompany students. When wives and families do come, it is not unusual for the wife to find it harder to adjust to suburban living than her husband. He is busy studying and making friends with colleagues who have similar interests. However, the children seem to adapt to the new environment, language, and customs with remarkably little difficulty.

What are Their Interests?

The interests of foreign students nearly always parallel current concerns in the United States. During the past 2 years nearly all participants have wanted some experience in family planning programs. In many countries the national policy

requires that family planning services be presented to the public through traditional maternal and child health programs, and methods of combining these activities are sought in the United States.

These students are interested in clinical techniques, but more especially in administrative, statistical, and evaluative methods for family planning. Studies in behavioral and cultural acceptance of birth control are another major interest.

They are eager to share U.S. experience in training professional and nonprofessional personnel and techniques for obviating the manpower shortage. They want to know, also, how to use practically illiterate assistants in health programs. Some physicians have special interest in fertility studies, the long-term effects of hormone therapy, and the relationship of the use of synthetic hormones to the incidence of cancer.

Health education at all levels has high priority, especially in the form of simple visual aids and demonstrations. The particular hazards encountered with family planning for adolescents are increasingly relevant.



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*Dr. Katherine Bain, chief,
International Activities,
Maternal and Child Health Services,
presents a certificate to
Dr. Gloria Rivera,
AID participant
from the Philippines*



Experiences with racial minority groups where special approaches may be needed are received with interest. The more controversial topics of vasectomy, tubal ligation, and abortion are reviewed eagerly, and the visiting workers wish to know about the philosophy and practice of physicians and their patients in the United States.

The Maternal and Child Health Services training program is conducted by one medical officer who is a board-certified pediatrician with a master's degree in public health and one assistant who handles the secretarial and administrative duties. The multidisciplinary staff in the MCHS central office in Rockville, Md., and their counterparts in

the 10 regional offices plan programs for the trainees, both in the selection of appropriate subjects and in avoidance of overuse of certain facilities.

Physicians and others destined for academic training are usually placed in a school of public health to prepare for the master's degree or an equivalent qualification. These persons major in maternal and child health and family planning. They may also take elective courses in these and other subjects.

The 56 maternity and infant care projects funded by MCHS give physicians and nurses from the less developed countries an opportunity to see

the comprehensive approach to the full cycle of parturition, with inclusion of family planning at all phases. In these projects teaching good nutritional patterns to patients is emphasized. This experience is valuable to the visiting students because nutrition is a major concern to all from the developing world. Community participation in the management of clinic programs is demonstrated in many of these projects.

Foreign students can also be placed in health departments, hospitals, medical schools, or other agencies or facilities that are willing to accept the visiting student. Fees for this service are paid by AID where indicated and desirable.

During April 1970 through November 1971 the MCH training program has included 45 long-term (6 weeks to 2 years) participants and 31 short-term participants. Countries represented included Australia, Brazil, Chile, Colombia, Ghana, India, Liberia, New Zealand, Nicaragua, Norway, Panama, Philippines, Poland, Sierra Leone, Thailand, Vietnam, and Yugoslavia.

The 45 long-term participants were under the following auspices.

<i>Sponsor</i>	<i>Number</i>
Agency for International Development.....	32
World Health Organization.....	4
Special foreign currency program.....	6
Ford Foundation.....	1
United Nations.....	1
Committee on International Exchange of Persons.	1

There were 20 men and 25 women. Of these, there were 36 physicians, five nurse-midwives, one public health nurse, one social worker, one pediatric hospital nurse, and one laboratory technician. All were engaged in some aspect of maternal and child health services in their respective countries. The special interests of physicians were general maternal and child health and family planning, pediatrics, obstetrics, pediatric cardiac surgery, congenital anomalies, pediatric radiology, phenylketonuria and related metabolic disorders, pediatric neurology, and pediatric pulmonary function.

Purpose and Effectiveness of the Program

The Maternal and Child Health Service (and the Children's Bureau when MCHS was part of it) have been responsible for the MCHS program since its inception more than 20 years ago. The program was initiated when high priority was placed on strengthening relationships between the United States and the developing countries. It has

continued in this context through numerous reorganizations and changing emphases in program content.

We believe these graduate training programs have been of value largely because they either supplement or tie in with efforts to improve the health of mothers and children in the students' home countries. For example, the multidisciplinary approach to MCH programs, the extended role of the nurse, and the use of ancillary personnel are all relevant to students from developing countries, where manpower cannot keep abreast of population needs.

While the blending of preventive and therapeutic services is standard procedure in many parts of the world, the comprehensive care of patients in the MCHS projects is pertinent to what these students will be attempting in their own countries.

Programs in this country directed toward disadvantaged and minority groups obviously have application to the developing world where most people are poor. The newest techniques in health education and all aspects of family planning are of particular importance to persons who must cope with the health needs of large, impoverished populations.

It should not be overlooked that the training agencies have also promoted understanding between the United States and other countries and thus have engendered good will. The students who have come to the United States have benefited from scientific studies and research which would not be available to them, in most instances, in their own countries.

In considering the effectiveness of the program, however, it should be noted that there has been no adequate long-term followup of the participating students. It has not been proved whether the training was appropriate, well used, or resulted in increased responsibility when the students returned home.

There is no way of assessing the comparability of the culture of any of the U.S. communities with that in other countries. Whether U.S. methods, which are dependent on the use of sophisticated equipment, would be practicable in the students' home countries is another uncertainty. In regard to these considerations, the MCHS training program has relied on the students' apparent awareness that the practices they observe in the United States need to be evaluated in terms of their applicability in the students' respective countries.